

Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Committee	to Elect Patric	ia Blevi	ns		
Account Number:	*	****			Date of this Report:	01/05/2007
Reporting Period Start:	10/	30/2006			Reporting Period End:	12/31/2006
Office:	State Senat	e - District 07				
Check the box that applies to	this report:					
Primary Election General Election Other Election Special Election	8-DAY 8-DAY 8-DAY 8-DAY X YEAR ENI	30-E 30-E 30-E 30-E	OAY OAY			
Final Organization Closing: Amendment:	_	YES YES	X	_NO _NO	Closing Date:	
	on process in the St	ate of Delaware.			ate and correct. I agree to abide by all t representatives from the Office of the	
TREASURER SIGNATURE					DATE	
CANDIDATE SIGNATURE					DATE	



STATEMENT OF ACCOUNT BALANCE

Ac	count Number:	*****	Reporting Period:	10/30/2006 FROM	12/31/2006 TO
					-
1.	BEGINNING BALAN	NCE (Ending Balance from	a last reporting period)	_	\$55,102.80
2.	RECEIPTS:				
	A. SCHEDULE A - T	OTAL RECEIPTS		_	\$8,528.97
	B. SCHEDULE C-1 -	TOTAL IN-KIND RECEI	PTS	_	\$0.00
	C. SCHEDULE D-1 -	TOTAL LOANS RECEIV	ED	_	\$0.00
	D. SCHEDULE E - T	OTAL EXPENSE REIMBU	URSEMENTS RECEIVED	_	\$0.00
	E. SUBTOTAL (Total	of A,B,C,D)		_	\$8,528.97
3.	EXPENDITURES:				
	F. SCHEDULE B - TO	OTAL EXPENDITURES		_	\$3,692.95
	G. SCHEDULE C-2 -	TOTAL IN-KIND EXPEN	NDITURES	_	\$0.00
	H. SCHEDULE D-2 -	TOTAL LOAN PAYMEN	TS	_	\$0.00
	I. SCHEDULE E - TO	OTAL EXPENSE REIMBU	RSEMENTS PAID	_	\$0.00
	J. SUBTOTAL (Total	of F,G,H,I)		_	\$3,692.95
4.	ENDING BALANCE	(Beginning Balance plus 2	2E minus 3J)	_	\$59,938.82
5.	VALUE OF NON-CA	SH ASSETS (From Schedu	ule F)	_	\$0.00
6.	VALUE OF DISPOSE	ED/TRANSFERRED ASSE	ETS (From Schedule G)	_	\$0.00
7.	VALUE OF LOANS A	AT END OF PERIOD (Loa	an Balance From Schedule D-2)	_	\$0.00
8.	CLOSE OUT BALAN	NCE (Must equal zero if co	mmittee closed)	_	\$59,938.82



SCHEDULE A - TOTAL RECEIPTS

Account Number:	*****	Reporting Period:	10/30/2006	12/31/2006
			FROM	TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
11/15/2006	ABC Education Fund, Local 27	21 West Road, Baltimore, MD 21204	\$200.00	\$100.00
11/13/2006	Committee for a Better Future	P.O.Box 7208, Wilmington, DE 19803	\$600.00	\$600.00
11/13/2006	DE Assoc. of Insurance & Financial Advisors PAC	c/o 20600 York Rd, Suite 203, Hunt Valley, MD 21030	\$600.00	\$250.00
11/13/2006	Delaware CPA-PAC, Inc.	3512 Silverside Road, 8 The Commons, Wilmington, DE 19810	\$200.00	\$200.00
11/13/2006	Delaware People	296 Churchmans Road, New Castle, DE 19720	\$600.00	\$400.00
11/01/2006	Genesis Healthcare Corp. State PAC	101 East State Street, Kennett Square, PA 19348	\$200.00	\$200.00
11/13/2006	Horty, Peter A.	29 Hill Road, Wilmington, DE 19806	\$400.00	\$200.00
11/01/2006	Johnston, William D.	3301 Coachman Road, Wilmington, DE 19803	\$150.00	\$150.00
12/12/2006	Lobo, DeVincent	203-205 Shaw Avenue, Harrington, DE 19952	\$500.00	\$500.00
12/12/2006	Lobo, Herla S.	203-205 Shaw Avenue, Harrington, DE 29952	\$500.00	\$500.00
11/13/2006	McIntosh, Karl and Lashaune	2204 Old Kennett Pike, Wilmington, DE 19807	\$500.00	\$500.00
11/13/2006	New Castle County Chamber of Commerce PAC	P.O.Box 11247, Wilmington, DE 19850	\$400.00	\$200.00
11/13/2006	Pfizer, Inc.	New York New York 10017-5755	\$300.00	\$300.00
11/13/2006	Pharmaceutical Rsch & Manufacturers of America	950 F Street, NW, Washington, DE 20004	\$500.00	\$300.00

11/13/2006	Salva, James, M.D	2500 Grubb Road, Suite 120, Wilmington, DE 29810	\$500.00	\$500.00
11/13/2006	Salva, Catherine R.	500 West 110th St., Apt. 1E, New York, New York 10025	\$500.00	\$500.00
11/22/2006	Sheet Metal Workers Local Union 19, DE League of Political Education	1301 S. Delaware Avenue, Philadelphia, PA 19147	\$300.00	\$300.00
11/13/2006	Torchmark Corporation	3700 S. Stonebridge Dr., P.O.Box 8080, McKinney, TX 75070-8080	\$500.00	\$500.00
11/13/2006	Walling, Jos. and Sadie	2901 Charles Road, Duncan Glen, Wilmington, DE	\$300.00	\$50.00
11/01/2006	WSFS Financial Corporation PAC	838 Market St.,, Wilmington, DE 19801	\$200.00	\$200.00
12/29/2006	Verizon (RETURN OF DEPOSIT)	2407 West 2nd St., Wilmington, DE 19801	\$1,678.97	\$1,678.97
TOTAL RECEIPTS IN	EXCESS OF \$100			\$8,128.97
TOTAL RECEIPTS NO	OT IN EXCESS OF \$100			\$400.00
GRAND TOTAL RECE (TOTAL SHOULD ALS	ZIPTS SO APPEAR ON PAGE 2, STATEMENT OF A	ACCOUNT BALANCE, ITEM 2A)		\$8,528.97



SCHEDULE B - TOTAL EXPENDITURES

Account Number:	*****	Reporting Period:	10/30/2006	12/31/2006
			FROM	TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
11/06/2006	Patricia Blevins	209 Linden Avenue, Elsmere, DE 19805	\$1,500.00	\$1,500.00
11/06/2006	Best Buy	4737 Concord Pike, Wilmington, DE	\$159.98	\$159.98
11/08/2006	Academy Printing	12 South Maryland Avenue, Wilmington, DE	\$208.00	\$208.00
12/17/2006	Community Athletic League	Elsmere, DE	\$400.00	\$400.00
12/17/2006	Denn Campaign	c/o 441 Coldspring Run, Newark, DE 19711	\$1,200.00	\$1,200.00
TOTAL EXPENDITURE	S IN EXCESS OF \$100			\$3,467.98
TOTAL EXPENDITURE	S NOT IN EXCESS OF \$100			\$224.97
GRAND TOTAL EXPEN (TOTAL SHOULD ALSO	DITURES O APPEAR ON PAGE 2, STATEMENT OF A	ACCOUNT BALANCE, ITEM 3F)		\$3,692.95



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number:	*****	Reporting Period:	10/30/2006	12/31/2006
			FROM	ТО
luring the reporting period, each in the contribution in the contr	item must be listed if the aggregate amount in the interpretation of the interpretation	t value in excess of \$100 for the reporting period. NOTE s over \$100, even if the individual amounts are not. LESS ANY PAYMENTS YOU MADE FOR THE GOO		e person or organization several tim
Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
TOTAL CONTRIBUTION	NS IN EXCESS OF \$100			
TOTAL CONTRIBUTION	NS NOT IN EXCESS OF \$100			
GRAND TOTAL RECEII (TOTAL SHOULD ALSO		NT OF ACCOUNT BALANCE, ITEM 2B)		



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number:	*****	Reporting Period:	10/30/2006	12/31/2006
			FROM	ТО
eporting period, each item must be in-KIND EXPENDITURI	be listed if the aggregate amount is over \$100 ES IN EXCESS OF \$100:	the in excess of \$100 for the reporting period. NOTE: , even if the individual amounts are not. LESS ANY PAYMENTS YOU RECEIVED FOR THE		or organization several times during t
Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
TOTAL EXPENDITURE	S IN EXCESS OF \$100			
TOTAL EXPENDITURE	S NOT IN EXCESS OF \$100			
GRAND TOTAL EXPEN (TOTAL SHOULD ALSO		NT OF ACCOUNT BALANCE, ITEM 3G)		



SCHEDULE D-1 - LOANS RECEIVED

Account Number:	*****	Reporting Period:	10/30/2006 FROM		12/31/2006 TO
All loans in excess of \$50 RECE	IVED DURING THIS REPORTING PERIOD should	be itemized on this schedule. NOTE: These	loans must also be listed on Schedule D-2.		
LOANS RECEIVED IN E	XCESS OF \$50:				
Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
TOTAL LOANS RECEIV (TOTAL SHOULD ALSO	VED O APPEAR ON PAGE 2, STATEMENT OF A	ACCOUNT BALANCE, ITEM 2C)			
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SCHEDULE D-2 - LOANS

Reporting Period:

10/30/2006

12/31/2006

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)

Account Number:

					FROM	<u></u>	ТО
All outstanding loans in exc		loans from Lending Institutions, Candidates	Personal Funds and Other Contri	butors.			
Date Rec'd	Lender	Endorser	Description	Int Rate	Orig. Loan Amt	Payments Made	Balance
ĺ							
i					Ī		
TOTAL LOANS							



SCHEDULE E - EXPENSE REIMBURSEMENTS

Reporting Period:

10/30/2006

12/31/2006

Account Number:

			FROM		
kpense reimbursements received	d by you and paid by you must be itemized.				
		mbursements for expenses you incurred.)	1	T	I n : 1
Date Received	Reimburser	Description of Activity	Activity Date	Total Expense	Reimburseme
		i			
					
	TS DECEIVED				
YTAL REIMBURSEMEN OTAL SHOULD ALSO A		NT OF ACCOUNT BALANCE, ITEM 2D.			
		NT OF ACCOUNT BALANCE, ITEM 2D.			
		NT OF ACCOUNT BALANCE, ITEM 2D.			
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN				
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	e others for expenses they incurred.)		Total Expense	Reimburseme
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN		Activity Date	Total Expense	Reimburseme
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	e others for expenses they incurred.)		Total Expense	Reimburseme
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	e others for expenses they incurred.)		Total Expense	Reimburseme
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	e others for expenses they incurred.)		Total Expense	Reimburseme
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	e others for expenses they incurred.)		Total Expense	Reimburseme
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN	e others for expenses they incurred.)		Total Expense	Reimburseme
OTAL SHOULD ALSO A	PPEAR ON PAGE 2, STATEMEN O (Monies paid by you to reimburs Payee	e others for expenses they incurred.)		Total Expense	Reimburseme



SCHEDULE F - NON-CASH ASSETS

Account Number:	****** Reporting Period:		10/30/2006 FROM	12/31/2006 TO			
temize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.							
LIST ALL NON-CASH ASSETS							
Date Received	Description of Asset	Locatio	n of Asset (Physical Address)	Value of Asset			
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APP	EAR ON PAGE 2, STATEMENT OF AC	CCOUNT BALANCE, ITEM 5.)					



SCHEDULE G - ELIMINATION OF ASSETS

Account Number:	****** Re	porting Period:	10/30/2006 FROM	12/31/2006 TO			
temize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.							
LIST ALL ELIMINATED ASSETS							
Date Eliminated	Description of Asset		Disposition of Asset	Value Received			
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)							